

In the Specification

1. Please replace the bridging paragraph on **Page 1; Lines 26-27** and **Page 2; Lines 1-6** of the Original Application with the following paragraph:

When an ETT is advanced over the fiberscope or a tube exchanger, the distal tip of the ETT may impinge on the glottis, the epiglottis, the larynx, or other anatomy of the airway, causing trauma and resisting further advancement into the trachea. The impingement of the ETT on the glottis, the epiglottis or the larynx has been attributed to a cleft that arises between the outer ETT that is concentric with either the inner guiding fiberscope or the inner guiding tube exchanger, over which the ETT rides. As the ~~the~~ ETT is advanced along the fiberscope or tube exchanger, the cleft between them also advances, with a propensity for snaring tissues lying in its path.

2. Please replace the **Summary of the Invention** section of the Original Application with the following paragraph:

The invention comprises a flexible endotracheal tube introducer ("introducer") for slidably removable disposition within an endotracheal tube ("ETT"), said introducer having a wall defining a lumen extending between a split proximal end and a distal end of said introducer, said wall having an outer diameter that is less than an inner diameter of said ETT, and said wall being circumscribed by an invertible shroud for distal-ward ("forward") flexion and proximal-ward ("rearward") flexion.

3. Please replace the **Brief Description of the Drawings** section of the Original Application with the following paragraphs:

FIG. 1 is a schematic illustration of a flexible endotracheal tube introducer oriented for slidably removable disposition within an **exemplary exemplary** endotracheal tube.

FIG. 2 is a schematic illustration of a flexible endotracheal tube introducer.

FIG. 3A is a schematic illustration of a shroud of a flexible endotracheal tube introducer in a first substantially frusto-conical shape.

FIG. 3B is a schematic illustration showing a longitudinal (sagittal) cross section of a first substantially frusto-conical shape of a shroud of a flexible endotracheal tube introducer.

FIG. 4A is a schematic illustration of a shroud of a flexible endotracheal tube introducer in a second substantially frusto-conical shape.

FIG. 4B is a schematic illustration showing a longitudinal (sagittal) cross section of a second substantially frusto-conical shape of a shroud of a flexible endotracheal tube introducer.

FIG. 5A shows a shroud of a flexible endotracheal tube introducer in ~~a~~ an anteflexed, forward, or distal-ward conformation.

FIG. 5B shows a shroud of a flexible endotracheal tube introducer in a retroflexed, rearward, or proximal-ward conformation

FIG. 6 is a schematic illustration of an exemplary endotracheal tube.

FIG. 7A is a schematic illustration showing a flexible endotracheal tube introducer with its shroud in its anteflexed, forward or distal-ward conformation and having its proximal end placed within a lumen at a distal end of an endotracheal tube.

FIG. 7B is a schematic illustration showing a flexible endotracheal tube introducer advanced into an endotracheal tube so that a ring of the flexible endotracheal tube introducer apposes a beveled distal tip of the endotracheal tube.

FIG. 7C is a schematic illustration showing a shroud of a flexible endotracheal tube introducer flexed from its anteflexed, forward or distal-ward conformation to its retroflexed, rearward or proximal-ward conformation to cover a beveled tip and Murphy eye of an endotracheal tube.

FIG. 7D 7D-1 is a schematic illustration showing a proximal end of a flexible endotracheal tube introducer fixed to a proximal end of an endotracheal tube using a fixation ring, thereby forming a combined endotracheal tube introducer-endotracheal tube unit.

FIG. 7D-2 is a schematic illustration showing a proximal end of a flexible endotracheal tube introducer fixed to a proximal end of an endotracheal tube using surgical tape, thereby forming a combined endotracheal tube introducer-endotracheal tube unit.

FIG. 7E is a schematic illustration showing a combined endotracheal tube introducer-endotracheal tube unit with a malleable stylet in place in a patient's airway.

FIG. 7F is a schematic illustration showing a shroud of a flexible endotracheal tube introducer in its retro-flexed or proximal-ward position to cover a beveled tip and Murphy eye of an endotracheal tube, about to be withdrawn from an endotracheal tube.

FIG. 7G is a schematic illustration showing a shroud of a flexible endotracheal tube introducer in the process of being its anteflexed to its forward or distal-ward conformation as it is being withdrawn from an endotracheal tube.

FIG. 7H is a schematic illustration showing a shroud of a flexible endotracheal tube introducer in its anteflexed, forward or distal-ward conformation as it is being withdrawn from an endotracheal tube.

FIG. 8A is a schematic illustration of a combined introducer-ETT unit about to be advanced over a fiberscope.

FIG. 8B is a schematic illustration of a combined introducer-ETT unit piggy backed upon a fiberscope.

FIG. 8C is a schematic illustration of a combined introducer-ETT unit piggy backed upon a fiberscope and about to be advanced into a patient's airway.

FIG. 9A is a schematic illustration of an in-place ETT in a patient's airway.

FIG. 9B is a schematic illustration of an in-place ETT in a patient's airway, into which in-place ETT a tube exchanger has been inserted.

FIG. 9C is a schematic illustration of in-place ETT having been withdrawn over a tube exchanger and removed from a patient's airway.

FIG. 9D is a schematic illustration of a combined introducer-ETT unit about to be advanced over a tube exchanger into a patient's airway.

4. Please replace the first full paragraph on **Page 9; Lines 4-9** of the Original Application with the following paragraph:

Split proximal end **101** of introducer **100** is then fixed to proximal end **201** of ETT **200** by everting the split halves of proximal end **101** of introducer **100** over proximal end **201** of ETT **200**, as shown in **FIG. 7D, Fig. 7D-1 and 7D-2, and** using, for example, surgical tape [127] (~~not shown in FIG. 7D) as shown in Fig. 7D-2 or a fixation ring 113 as shown in FIG. 7D-2~~, to stabilize the alignment of the respectively shrouded distal ends **105** and **203** of introducer **100** and ETT **200**, now

combined as introducer-ETT unit **400**, the proximal aspect of which is shown in **FIG. 7D Fig. 7D-1 and 7D-2**.

5. Please replace the last (fourth) full paragraph on **Page 9; Lines 18-22** of the Original Application with the following paragraph:

Surgical tape 127 or fixation ring **113** is now removed and introducer **100** is withdrawn from ETT **200**. During the withdrawal of introducer **100** from ETT **200**, shroud **110** is anteflexed to forward, distal-ward conformation **110a** by the sliding motion of distal end **203** of ETT **200** relative to wall **107** of introducer **100**, as shown in sequential FIGs. 7F through 7G, when viewed from left to right.

6. Please replace the second full paragraph on **Page 10; Lines 9-14** of the Original Application with the following paragraph:

Split proximal end **101** of introducer **100** is then fixed to proximal end **201** of ETT **200** by everting the split halves of proximal end **101** of introducer **100** over proximal end **201** of ETT **200**, as shown in **FIG. 7D, Fig. 7D-1 and 7D-2, and** using, for example, surgical tape 127 (not shown in FIG. 7D) as shown in Fig. 7D-2 or a fixation ring **113** as shown in FIG. 7D-2, to stabilize the alignment of the respectively shrouded distal ends **105** and **203** of introducer **100** and ETT **200**, now combined as introducer-ETT unit **400**, the proximal aspect of which is shown in **FIG. 7D Fig. 7D-1 and 7D-2**.

7. Please replace the first full paragraph on **Page 11; Lines 3-7** of the Original Application with the following paragraph:

Surgical tape 127 or fixation ring **113** is now removed and introducer **100** is withdrawn from ETT **200**. During the withdrawal of introducer **100** from ETT **200**, shroud **110** is anteflexed to forward, distal-ward conformation **110** by the sliding motion of distal end **203** of ETT **200** relative to wall **107** of introducer **100**, as shown in sequential FIGs. 7F through 7G, when viewed from left to right.

8. Please replace the third full paragraph on **Page 11; Lines 17-22** of the Original Application with the following paragraph:

Split proximal end **101** of introducer **100** is then fixed to proximal end **201** of ETT **200** by everting the split halves of proximal end **101** of introducer **100** over proximal end **201** of ETT **200**, as shown in **FIG. 7D**, Fig. 7D-1 and 7D-2, **and** using, for example, surgical tape 127 (**not shown in FIG. 7D**) as shown in Fig. 7D-2 or a fixation ring **113** as shown in FIG. 7D-2, to stabilize the alignment of the respectively shrouded distal ends **105** and **203** of introducer **100** and ETT **200**, now combined as introducer-ETT unit **400**, the proximal aspect of which is shown in **FIG. 7D** Fig. 7D-1 and 7D-2.

9. Please replace the second full paragraph on Page 12; Lines 12-16 of the Original Application with the following paragraph:

Surgical tape 127 or fixation ring 113 is now removed and introducer 100 is withdrawn from ETT 200. During the withdrawal of introducer 100 from ETT 200, shroud 110 is anteflexed to forward, distal-ward conformation 110a by the sliding motion of distal end 203 of ETT 200 relative to wall 107 of introducer 100, as shown in sequential FIGs. 7F through 7G, when viewed from left to right.

10. Please replace the first full paragraph on Page 13; Lines 1-6 of the Original Application with the following paragraph:

Split proximal end 101 of introducer 100 is then fixed to proximal end 201 of ETT 200 by inverting the split halves of proximal end 101 of introducer 100 over proximal end 201 of ETT 200, as shown in FIG. 7D, Fig. 7D-1 and 7D-2, and using, for example, surgical tape 127 (not shown in FIG. 7D) as shown in Fig. 7D-2 or a fixation ring 113 as shown in FIG. 7D-2, to stabilize the alignment of the respectively shrouded distal ends 105 and 203 of introducer 100 and ETT 200, now combined as introducer-ETT unit 400, the proximal aspect of which is shown in FIG. 7D Fig. 7D-1 and 7D-2.

11. Please replace the last (fourth) full paragraph on Page 13; Lines 1-6 of the Original Application with the following paragraph:

Surgical tape **127** or fixation ring **113** is now removed and introducer **100** is withdrawn from ETT **200**. During the withdrawal of introducer **100** from ETT **200**, shroud **110** is anteflexed to forward, distal-ward conformation **110a** by the sliding motion of distal end **203** of ETT **200** relative to wall **107** of introducer **100**, as shown in sequential FIGs. 7F through 7G, when viewed from left to right, leaving said ETT **200** properly positioned in the patient's trachea.